

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

REQUEST FOR SUSPENSION

Lenis Scott

FAX: 803-896-5199

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008 - 418 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Lenis Scott

Telephone: 843-616-8739

Address: PO Box 1382

Fax:

DARLINGTON, S.C. 29540

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Application - Class C Taxi☐ Application - Class C Charter☐ Application - Class C Charter Bus☐ Application - Class C Non-Emergency☐ Application - Class C Stretcher Van☐ Application - Class E Household Goods☐ Application - Class E Hazardous Waste☐ Application☐ Request for Extension to Comply with Order☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Request for Cancellation of Certificate☒ Request for Suspension☐ Request for Reinstatement☐ Request for Name Change on Certificate☐ Request to Amend Scope of Authority☐ Request to Amend Tariff (rate increase, etc.)☐ Request to Amend Passenger Limit☐ Request☐ Exhibit☐ Late-Filed Exhibit☐ Letter☐ Proposed Order☐ Publisher's Affidavit☐ Reservation Letter☐ Response☐ Return to Petition☐ Other:

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

FAX# 803-896-5199

REQUEST FOR SUSPENSION FORM (ORS Rev 3-2-10)

File the original with:

Public Service Commission of South Carolina
Clerk's Office
Motor Carrier Matters
P.O. Box 11649
Columbia, S.C. 29211
(803) 896 - 5100
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff
Transportation Department
1401 Main Street, Suite 900
Columbia, S.C. 29201
(803) 737-0578
FAX (803) 737-0815

(*) DATE: 12-20-11

Please consider this as my Request for **Suspension** of:

- ☒ Class C Taxi Certificate Number 8051
☐ Class C Charter Certificate Number _____
☐ Class C Charter Bus Certificate Number _____
☐ Non-Emergency Certificate Number _____
☐ Class E Household Goods Certificate Number _____
☐ Class E Hazardous Wastes Certificate Number _____

I request that my certificate be suspended until 12/30/2012

Date: (XX/XX/XXXX)

Lenis Scott

(Name of Company)

D/B/A

N/A
(if applicable)(*) PO Box 1382
(Street and or Mailing Address)(*) DARLINGTON, SC. 29540
(City, State, Zip Code)(*) (843) 616-8739
(Telephone Number)(*) Lenis Scott
(Signature and Title, i.e, President, Owner)

(*) Pursuant to Regulation 103-164 applications are to state clearly and concisely the justification for the proposed suspension of service.

Reason for Request for Suspension of Operations:

COMPANY FINANCIAL REASSESSMENT.